

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-000020

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 30 1962

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirks ville		c. CITY OR TOWN Novelty Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		d. STREET ADDRESS (If outside, give location) Novelty Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Edmund Theodore Kaser		4. DATE OF DEATH Month Day Year Jan 7, 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-2-1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Bible Grove, Mo	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Theodore Kaser		13b. MOTHER'S MAIDEN NAME Agnes Sinele	
14. NAME OF HUSBAND OR WIFE Vena Maurine Bowen Kaser		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. Edmund T. Kaser Address Novelty, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Delayed Surgical Shock DUE TO (b) Hepatic Insufficiency DUE TO (c) Metastatic Anaplastic Carcinoma of Liver PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Possible origin - Stomach or Bowel PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 20 HOURS UNKNOWN	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Novelty, Mo	
20g. COUNTY Knox		20h. STATE Mo	
21. I attended the deceased from 1-1-62 to 1-7-62 and last saw him alive on 1-6-62 Death occurred at 16:32 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Paul Laughlin (Degree or title) 22b. ADDRESS Novelty, Mo	
22c. DATE SIGNED 1-11-62		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 10 Jan 1962		23c. NAME OF CEMETERY OR CREMATOR Locust Hill Cemetery	
23d. LOCATION (City, town, or county) Knox County, Mo		23e. DATE RECD. BY LOCAL REG. 1-20-1962	
23f. REGISTRAR'S SIGNATURE Doris W. Ratliff		23g. FUNERAL DIRECTOR HUDSON-RIMER FUNERAL HOME	
23h. ADDRESS Edina, Mo		23i. DATE RECD. BY LOCAL REG. 1-20-1962	

(Licensed Embalmer's Statement on Reverse Side)

SEP 17 1941

EARL LAUGHLIN JR. D.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

on by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed AB Rimmer

Licensed Embalmer No. 5041

P. O. Address Edina, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.